

Feb 13 06 03:36p

Darbyfax

2062628901

p. 1

RECEIVED
CENTRAL FAX CENTER

FEB 13 2006

FAX TRANSMISSION

DATE: February 13, 2006

PTO IDENTIFIER: Application Number 10/552,875-Conf. #9177
Patent Number

Inventor: Niki Samuel Woodhead et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: DARBY & DARBY P.C.

John W. Branch

PHONE: (206) 262-8900

Attorney Dkt. #: 20410/0203396-US0

PAGES (Including Cover Sheet): 4

CONTENTS:	Transmittal (1 page)
	Status Inquiry for application 10/552,875 (1 page)
	Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (206) 262-8900 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

DARBY & DARBY P.C.
P.O. Box 5257, New York, New York 10150-5257
Telephone: (206) 262-8900 Facsimile: (212) 527-7701

{S:\20410\0203396-us0\80051944.DOC {UNRECORDED COPY OF FAX TRANSMISSION}}}

1

**RECEIVED
CENTRAL FAX CENTER****FEB 13 2006**

PTO/SB/97 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

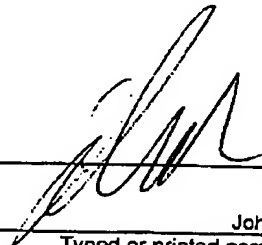
Application No. (if known): 10/552,875

Attorney Docket No.: 20410/0203396-US0

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 13, 2006
Date



Signature

John W. Branch

Typed or printed name of person signing Certificate

41,633

Registration Number, if applicable

(206) 262-8900

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fax Cover Sheet (1 page)

Transmittal (1 page)

Status Inquiry for application 10/552,875 (1 page)

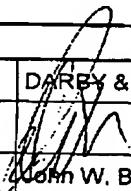
**RECEIVED
CENTRAL FAX CENTER**

FEB. 13 2006

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/552,875-Conf. #9177
		Filing Date	October 13, 2005
		First Named Inventor	Niki Samuel Woodhead
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	20410/0203396-USO

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	John W. Branch		
Date	February 13, 2006	Reg. No.	41,633

{S:\20410\0203396-us0\80051947.DOC [REDACTED]}